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CONFIRMATION NO. 4776

<b>SERIAL NUMBER</b> 09/699,963	<b>FILING OR 371(c) DATE</b> 11/05/1999 <b>RULE</b>	<b>CLASS</b> 701	<b>GROUP ART UNIT</b> 3663	<b>ATTORNEY DOCKET NO.</b> 99270	
<b>APPLICANTS</b> Angela Masson, Miami Beach, FL; <b>** CONTINUING DATA *****</b> <i>None ftc</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None ftc</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/03/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>TC</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 1048	<b>INDEPENDENT CLAIMS</b> 1020
<b>ADDRESS</b> Angela Masson P O Box 190540 Miami Beach, FL33119					
<b>TITLE</b> Electronic kit bag					
<b>FILING FEE RECEIVED</b> 3215	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		